## DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 08/18/2006

## **Provider Inspection Summary**

For the period 07/01/2003 to 06/30/2006 Adult Family Home STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

## **Facility Information**

Facility Name: REM WISCONSIN II INC DIVISION (0011105)

Address: 1294 DIVISION ST, GREEN BAY, WI 54303

**License Status: REGULAR** 

Licensed/Certified/Registered 10/27/2005

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0096634 End Date: 03/27/2006 Type: OTHER Purpose: DESK REVIEW

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0095799 End Date: 10/27/2005 Type: INITIAL Purpose: SURVEY

**Results:** LICENSE/CERT/REGISTRATION ISSUED